


**Miami-Dade County Public Schools**
*giving our students the world*

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Ms. Deborah Karcher

**Administrative Director**  
Mr. Craig Rinehart

**Director II / E-Rate Management**  
Dr. Anthony D. Machado

**Miami-Dade County School Board**

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March 19, 2007

# INVOICE DEADLINE EXTENSION REQUEST

Schools and Libraries Division  
Correspondence Unit  
100 South Jefferson Road  
P.O. Box 902  
Whippany, New Jersey 07981

## RE: INVOICE DEADLINE EXTENSION REQUEST

Bill Entity Number 127722 (Miami-Dade County Public Schools)

Funding Year 7 (2004-2005) See Attached SPREADSHEET

Funding Year 8 (2005-2006) See Attached SPREADSHEET

Information pertaining to this Invoice Deadline Extension Request can be addressed directly to:

**Dr. Anthony D. Machado**

Mailing Address: 13135 SW 26 Street / Miami, FL / 33175-1817

E-Mail Address: [TMachado@DadeSchools.net](mailto:TMachado@DadeSchools.net)

Office Telephone: 305-995-3433 / Office Fax: 305-995-3773

As a result of inordinate delays in funding commitments for all our 2003-2004 (Year 6) and 2004-2005 (Year 7) applications, our work timetables were seriously jeopardized and compromised. As well, throughout this trying period, we have also had to contend with vendors going out of business, SPIN changes, and Service Substitutions Requests - just to update all that should have been done according to normal scheduling.

Consequently, we must now also request **INVOICE DEADLINE EXTENSIONS** for the invoices affected by the foresaid explanation. This now is impacting our vendors. Attached, please find the list of the Applications and FRNs for the Invoices that require this action.

Thanking you in advance for your consideration and expedience of action.

Dr. Anthony D. Machado  
Director II

Enclosures

Office of Information Technology • 13135 Coral Way • Miami, Florida 33175  
305-995-3433 • FAX 305-995-3773 • [www.dadeschools.net](http://www.dadeschools.net)

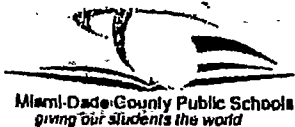
Location	PO #	Appl #	FRN #	MDCPS Amount	USAC Amount	TOTAL	Invoice # SCS	Invoice # 1st SLD	Invoice # 2nd SLD	Invoice # 3rd SLD	Action needed?
Peskoe Elementary - ERATE	D02295482	388717	1101439	818.20	7,383.79	8,181.99	5413	722259			IDER and resubmit
North County Elementary - ERATE	D02294988	388937	1102028	57.21	514.92	572.13	5214	695744	717555	728305	IDER and resubmit
Henry M. Flagler Elementary - ERATE	D02295530	388787	1102544	582.47	5,242.27	5,824.74	5397	720814			IDER and resubmit
Stirrup Elementary - ERATE	D02294949	388281	1104902	1,457.37	13,116.34	14,573.71	5215	695770	717557	728316	IDER and resubmit
Thomas Jefferson Middle - ERATE	D02294911	388664	1104907	833.34	7,500.03	8,333.37					IDER and resubmit
Pine Villa Elementary - ERATE	D02295484	388308	1104926	4,123.04	37,107.32	41,230.36	5455	728133			IDER and resubmit
Atlatpah Middle - ERATE	D02295517	384410	1105040	2,030.48	18,274.28	20,304.76	5453	728124			IDER and resubmit
Crestview Elementary - ERATE	D02294927	388785	1108027	299.77	2,897.93	2,997.70	5411	722253			IDER and resubmit
Orchard Villa Elementary - ERATE	D02295104	463580	1274000	315.41	2,838.67	3,154.08					IDER and resubmit
West Homestead Elementary - ERATE	D02295461	419306	1155637	141.32	1,271.83	1,413.15	5140	663747	684525		IDER and resubmit needs to verify delivery date, request
Drew Middle - ERATE	D02295196	389642	1101495	1,267.25	11,405.23	12,672.48	5154	671563	696322	717565	IDER and resubmit -SSD reset to 7/1/2004
Carol City Elementary - ERATE	D02294981	381393	1101958	378.97	3,410.77	3,789.74	5457	728140			IDER and resubmit -SSD reset to 7/1/2004
Lenora B. Smith Elementary - ERATE	D02295523	388368	1102091	158.78	1,429.03	1,587.81	5306	717572			IDER and resubmit -SSD reset to 7/1/2004
Campbell Drive Elementary - ERATE	D02295502	388683	1102710	1,141.63	10,274.67	11,416.30	5132	696327	717563		IDER and resubmit -SSD reset to 7/1/2004
Nathan B. Young Elem - ERATE	D02294954	389556	1102910	113.98	1,025.62	1,139.58	5213	695726	717548		IDER and resubmit -SSD reset to 7/1/2004
Charles Drew Elementary - ERATE	D02295744	388771	1104950	1,570.01	14,130.12	15,700.13	5308	717575			IDER and resubmit -SSD reset to 7/1/2004
Kelsey L. Pharr Elementary - ERATE	D02295507	389288	1105023	242.58	2,183.19	2,425.77	5307	717576			IDER and resubmit -SSD reset to 7/1/2004
Fairlawn Elementary - ERATE	D02295501	464545	1276983	2,580.75	23,226.76	25,807.51	5456	728135			IDER and resubmit -SSD reset to 7/1/2005
				17,237.13	155,134.06	172,371.19					

Orange: Invoices have been paid

Yellow: service certifications received

Aqua: FRNs missing certifications

Lavender: Special Circumstances listed in status



MIAMI-DADE COUNTY PUBLIC SCHOOLS  
PURCHASING CREDIT CARD PROGRAM  
PURCHASE AUTHORIZATION

WORK LOCATION: 9309 E-Rate Department				INTERNAL #:			
Florida Tax Exemption No. 23-08-324893-53C		REQUESTER'S NAME: Dr. Anthony D. Machado		DATE: 3/19/07	SHIP TO ADDRESS: ITS 13135 S. W. 26 St. Miami, FL 33175-1817		
SUPPLIER/MERCHANT: FedEx		CARD HOLDER NAME: Mr. David Ferris					
		TRANSACTION DATE/NUMBER:					
ORDER VIA	PHONE # (800) 463-3339	FAX #	IN PERSON:		CONFIRMED BY:		
ITEM	DESCRIPTION		QTY	UNIT	PRICE	TOTAL	RCVD BY
	AIRBILL # 8616 4411 1473		1	1			
UND	OBJECT	LOCATION	PROGRAM	FUNCTION	SHIPPING CHARGES		CHECK HERE IF ADDITIONAL ITEMS ON REVERSE SIDE <input type="checkbox"/>
				PURCHASE NOT TO EXCEED \$999.99 \$			
ORIGINATOR LOCATION CARD ADMINISTRATOR (PRINT) r. David Ferris				SIGNATURE <i>David Ferris</i>	DATE 3/19/2007		
SUPPLIER MUST CALL _____ AT (305) _____ TO OBTAIN CARD NUMBER FOR FAX ORDERS. NO SUBSTITUTES OR BACK ORDERS ACCEPTED.							

**FedEx** US Airbill  
Express

FedEx  
Tracking  
Number

8610 4611 1473

From *Please print and press hard.*

Date 3/19/07

Sender's FedEx  
Account Number

2946-3904-7

Sender's  
Name

DR ANTHONY D MACHADO

Phone (305) 995-3433

Company MIAMI DADE CTY PUBLIC SCHOOL

Address 13135 SW 26TH ST

Dept./Floor/Suite/Room

City MIAMI

State FL ZIP 33175-1817

Your Internal Billing Reference

Y7 INVOICE deadline Extension  
Y8 Request (see attached list)

To

Recipient's  
Name

SLD Correspondence Unit

Company

Schools & Libraries Division

Recipient's  
Address

100 South Jefferson Rd

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

To request a package be held at a specific FedEx location, print FedEx address here.

City Whippany

State N.J. ZIP 07981

0356258704



Ship and track packages at [fedex.com](http://fedex.com)

Simplify your shipping. Manage your account. Access all the tools you need.

EXPRESS

0215

Sender's Copy

**4a Express Package Service**

Packages up to 150 lbs.

☐ FedEx Priority Overnight  
Next business morning.\* Friday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.

☒ FedEx Standard Overnight  
Next business afternoon.\*  
Saturday Delivery NOT available.

☐ FedEx First Overnight  
Earliest next business morning  
delivery to select locations.\*  
Saturday Delivery NOT available.

☐ FedEx 2Day  
Second business day.\* Thursday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.  
FedEx Envelope rate not available. Minimum charge: One-pound rate.

☐ FedEx Express Saver  
Third business day.\*  
Saturday Delivery NOT available.

\* To select locations.

**4b Express Freight Service**

Packages over 150 lbs.

☐ FedEx 1Day Freight\*  
Next business day.\* Friday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx 2Day Freight  
Second business day.\* Thursday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx 3Day Freight  
Third business day.\*  
Saturday Delivery NOT available.

\* Call for Confirmation.

\*\* To select locations.

**5 Packaging**

☐ FedEx  
Envelope\*

☐ FedEx Pak\*  
Includes FedEx Small Pak,  
FedEx Large Pak, and FedEx Sturdy Pak.

☐ FedEx  
Box

☐ FedEx  
Tube

☐ Other

\* Declared value limit \$500.

**6 Special Handling**

Include FedEx address in Section 3.

☐ SATURDAY Delivery  
NOT Available for  
FedEx Standard Overnight,  
FedEx First Overnight, FedEx Express  
Saver, or FedEx 3Day Freight.

☐ HOLD Weekday  
at FedEx Location  
NOT Available for  
FedEx First Overnight.

☐ HOLD Saturday  
at FedEx Location  
Available ONLY for  
FedEx Priority Overnight and  
FedEx 2Day to select locations.

Does this shipment contain dangerous goods?

☐ No

☐ Yes  
One box must be checked.

☐ Yes  
As per attached  
Shipper's Declaration.

☐ Dry Ice  
Dry Ice, 5, UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

☐ Cargo Aircraft Only

**7 Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender  
Acct. No. in Section  
1 will be billed.

☐ Recipient

☐ Third Party

☒ Credit Card

☐ Cash/Check

FedEx Acct. No.

Credit Card No.

5569010000267055

Exp. Date 07/08

Total Packages

Total Weight

Total Declared Value†

1

\$

.00

†Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

**8 Residential Delivery Signature Options**

If you require a signature, check Direct or Indirect.

☐ No Signature  
Required  
Package may be left  
without obtaining a  
signature for delivery.

☐ Direct Signature  
Someone at recipient's  
address may sign for  
delivery. Fee applies.

☐ Indirect Signature  
If no one is available at  
recipient's address, someone  
at a neighboring address may  
sign for delivery. Fee applies.

519

Rev. Date 10/06-Part #150275-01/04-2006 FedEx-PRINTED IN U.S.A.-SRF

***ATTACHMENT # 8***



**Schools & Libraries Division**

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**Administrator's Decision on Invoice Deadline Extension Request**

June 26, 2007

Ray Young  
Structured Cabling Solutions  
1777 NW 79<sup>th</sup> Avenue  
Miami, FL 33126

Y7-13B-009

Re: Henry M. Flagler Elementary School

Re: SLD Invoice #:	720614	BEAR or SPI:	SPI
		Invoice Date:	12/4/2006

SLD Line(s) #:	2637082
Vendor invoice #:	5397
471 Application Number:	388797
Funding Request Number(s):	1102544
Your Correspondence Dated:	March 13, 2007

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your invoice deadline extension request for the invoice number indicated above. This letter explains the basis of SLD's decision. If your request included more than one invoice number, please note that for each invoice for which an invoice deadline extension request was submitted, a separate letter is being sent.

Invoice Number: 720614                      Line(s): 2637082

Decision on Request:                      **Approved**

Since this Administrator's Decision approved your request, an invoice requesting payment must be submitted, so that it is postmarked no later than 120 days after the date of this letter in order for your request to be considered as timely filed. If you are resubmitting a Form 472, please remember that you should forward the form to the Service Provider as soon as possible to ensure sufficient time to process your request. The invoice should be submitted in accordance with the instructions that are posted in the SLD Forms area of the SLD web site at [www.universalservice.org/sl/](http://www.universalservice.org/sl/) or are available by contacting the SLD Client Service Bureau at 1-888-203-8100.

**Thank you for your *continued support of and participation* in the E-rate program.**  
**Schools and Libraries Division**  
**Universal Service Administrative Company**

**cc: Dr. Anthony Machado, Miami-Dade County Public Schools**

*ATTACHMENT # 9*



HOME CANCEL SAVE & EXIT HELP

**FCC Form 471**  
Services Ordered and Certification Form



Block 2 & 3

Block 4

Block 5

Block 6

**Applicant's Form Identifier:** 1881-HENRY M. FLAGLER ELEM.

**Entity Number:** 127722

**Contact Person:** DR. ANTHONY D. MACHADO

**Phone Number:** (305) 995-3433

**IMPORTANT**

**Please record this application's information in a secure place for future reference**

**471 Application Number: 388797**

**Entity Number of Billed Entity (Applicant): 127722**

**Security Code Number: 10454**



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HOME CANCEL HELP

**FCC Form 471**  
Services Ordered and Certification Form

Block 2 &amp; 3

Block 4

Block 5

Block 6

Approval by OMB 3060-0806

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at [www.sl.universalservice.org](http://www.sl.universalservice.org).) The instructions include information on the deadlines for filing this application.

**Applicant's Form Identifier:**

(Insert your own code to identify THIS Form 471)

1881-HENRY M.

**Form 471 Application #:**

(Inserted by Administrator)

388797

**Block 1: Billed Entity Information**

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

<b>1. Name of Billed Entity</b> MIAMI-DADE COUNTY PUBLIC SCHOOLS		<b>2. Funding Year:</b> Year 2004: 07/01/2004 - 06/30/2005	
<b>3. Entity Number</b> 127722			
<b>4. Billed Entity (Applicant) Address, etc.</b>			
<b>a. Street Address, P.O. Box, or Route Number</b> 1450 NE 2ND AVE			
<b>City</b> MIAMI		<b>State</b> FL	<b>Zip Code + 4</b> 33132 - 1308
<b>b. Telephone Number (10 digits + extension)</b> (305) 995 - 3433		<b>c. Fax Number (10 digits)</b> (305) 995 - 3773	
<b>d. E-mail Address (50 characters max.)</b>			
<b>5. Type Of Application (Select only one type)</b>			
<input checked="" type="checkbox"/> School (public or non-public school)			
<input type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)			
<input type="checkbox"/> Library (library (i.e. outlet/branch, system))			
<input type="checkbox"/> Consortium			
If you selected "Consortium" in #5 above, check here <input type="checkbox"/> if any members are ineligible non-governmental entities.			
<b>6a. Contact Person's Name:</b> DR. ANTHONY D. MAC		Copy 4a-d above to 6b-e below	
Fill in every item of the Contact Person's information below that is different from Item 4 above, then select your preferred mode of contact.			

**6b. Street Address, P.O.Box, or Route Number**

13135 SW 26 ST.

City MIAMI		State FL	Zip Code + 4 33175 - 1817
<input type="radio"/> <b>6c. Telephone Number (10 digits + ext.)</b>	( 305 ) 995 - 3433 ext.		
<input type="radio"/> <b>6d. Fax Number (10 digits )</b>	( 305 ) 995 - 3773		
<input checked="" type="radio"/> <b>6e. E-mail Address (50 characters max.)</b>	TMACHADO@DADESCHOOLS.NET		

**6f. Holiday/vacation/summer contact information**

MIRIAM DIAZ, GLORIA SHAW, ILIANA TELLEZ, ERNEST TOLEDANO

[Previous](#)[Reset Page](#)[Block 2 & 3](#)[Print Preview](#)

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**FCC Form 471**

Services Ordered and Certification Form

SLD

Block 1

Block 4

Block 5

Block 6

Applicant's Form Identifier: 1881-HENRY M. FLAGLER ELEM.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

**Block 2: Minor Modification to Existing Contract?**

7. THIS ITEM CANNOT BE FILED ONLINE. You may use this item ONLY to inform the Fund Administrator if your request represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Minor modification requests can be filed MANUALLY only. For more information, check the SLD web site at [www.sl.universalservice.org](http://www.sl.universalservice.org) or call the SLD Client Service Bureau at 888-203-8100.

**Block 3: Impact of Services Ordered in THIS Application**

8. Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a. Number of students to be served 805      b. Number of library patrons to be served

9. The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	Before Order	After Order
a. Telephone service (for schools/school districts/consortia only): How many classrooms had phone service before and after your order?		
b. High-bandwidth voice/data/video service: How many buildings served before and after your order?	6	9
c. High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	100MB	100MB
d. Dial-up Internet connections: How many before and after your order?	0	0
e. Dial-up Internet connections: Highest speed before and after your order?	0	0
f. Direct connections to the Internet: How many before and after your order?	1	1
g. Direct connections to the Internet: Highest speed before and after your order?	T1	T1
h. Internet access(for schools): How many rooms have Internet access before and after your order?	41	41
i. Internet access(for libraries): How many buildings have Internet access before and after your order?		

j. Internet access: How many computers (or other devices) with Internet access before and after your order?	115	115
k. Other technology outcomes?		

[Block 1](#)[Reset Page](#)[Block 4](#)[Print Preview](#)

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[HOME](#) [CANCEL](#) [SAVE & EXIT](#) [HELP](#)**FCC Form 471**

Services Ordered and Certification Form

[Block 1](#)[Block 2 & 3](#)[Block 5](#)[Block 6](#)

Applicant's Form Identifier: 1881-HENRY M. FLAGLER ELEM.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

[Bottom](#)**Block 4 Discount Calculation Worksheet A for Schools/School Districts (Display)**

Type "A" Worksheet No. 516252

1. Name of School: <u>FLAGLER ELEMENTARY SCHOOL</u>		2. Entity Number: 3662
3. Urban or Rural: Urban	4. Total # of Students: 805	5. # of Students Eligible 723
6. %Students Eligible for NSLP (#5 / #4): 89.813%	7. Discount % from Discount Matrix: 90%	8. Weighted Product for Shared Discount(#4 X #

Total number of students (#4) for all entities listed in this worksheet: 805

Total weighted product (#8) for all entities listed in this worksheet: 724.5

Weighted Average Discount % for Shared Services (#8 total / #4 total X 100) for this worksheet: N/A

[Top](#)[Add New Entity](#)[Add New Type "A" Worksheet](#)[Block 2&3](#)[Remove This Worksheet](#)[Copy This Worksheet](#)[Block 5](#)[Print](#)

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**FCC Form 471**

Services Ordered and Certification Form



Block 1

Block 2 &amp; 3

Block 4

Block 6

Applicant's Form Identifier: 1881-HENRY M. FLAGLER ELEM.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Bottom**Block 5 Display**

FRN: 1102544	
11. Category of Service: Internal Connections	12. 470 Application Number: 505170000430897
13. SPIN: 143024345	14. Service Provider Name: Structured Cabling S
15. Contract Number: 104-CC04	16. Billing Account Number:
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 08/20/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:
20. Contract Expiration Date: 06/30/2005	
21. Attachment #: BLOCK 5 #21 - 001 pp 1-3	22. Block 4 Entity Number: 36626
23a. Monthly Charges: \$.00	23b. Ineligible monthly amt.: \$.00
23c. Eligible monthly amt.: \$0.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$0.00	
23f. Annual non-recurring (one-time) charges: \$5,824.74	23g. Ineligible non-recurring amt.: \$.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$5,824.74	
23i. Total program year pre-discount amount ( 23e + 23h): \$5,824.74	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request ( 23i x 23j): \$5,242.27	

FRN: 1112514	
11. Category of Service: Internal Connections	12. 470 Application Number: 980850000430907
13. SPIN: 143020605	14. Service Provider Name: United Data Technol
15. Contract Number: 154-CC04	16. Billing Account Number: 107317
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 08/20/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:
20. Contract Expiration Date: 06/30/2005	
21. Attachment #: Block 5 #21-002 p 1	22. Block 4 Entity Number: 36626
23a. Monthly Charges: \$.00	23b. Ineligible monthly amt.: \$.00
23c. Eligible monthly amt.: \$0.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$0.00	
23f. Annual non-recurring (one-time) charges: \$23,711.60	23g. Ineligible non-recurring amt.: \$.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$23,711.60	
23i. Total program year pre-discount amount ( 23e + 23h): \$23,711.60	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request ( 23i x 23j): \$21,340.44	

FRN: 1125244	
11. Category of Service: Internal Connections	12. 470 Application Number: 419520000430694
13. SPIN: 143022903	14. Service Provider Name: WYSIWYG Enterpris
15. Contract Number: 036-CC04	16. Billing Account Number: 107317
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 05/14/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:

**20. Contract Expiration Date: 06/30/2005****21. Attachment #: Block 5 # 21 - 003 p 1****22. Block 4 Entity Number: 36626****23a. Monthly Charges: \$.00****23b. Ineligible monthly amt.: \$.00****23c. Eligible monthly amt.: \$0.00****23d. Number of months of service: 12****23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$0.00****23f. Annual non-recurring (one-time) charges: \$5,754.00****23g. Ineligible non-recurring amt.: \$.00****23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$5,754.00****23i. Total program year pre-discount amount ( 23e + 23h): \$5,754.00****23j. % discount (from Block 4): 90****23k. Funding Commitment Request ( 23i x 23j): \$5,178.60**[Top](#)[Block 4](#)[Add New Funding Request](#)[Block 6](#)[Print Preview](#)

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HOME CANCEL HELP

**FCC Form 471**

Services Ordered and Certification Form



Block 1

Block 2 &amp; 3

Block 4

Block 5

Applicant's Form Identifier: 1881-HENRY M. FLAGLER ELEM.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

**Block 6: Certifications and Signature**

**24. The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the **Library Services and Technology Act of 1996** that do not operate as for-profit businesses and whose budgets are completely separate from any school including, but not limited to, elementary and secondary schools, colleges and universities.

**25. The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).**

**26. All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:**

- a. ☐ an individual technology plan for using the services requested in this application; and/or
- b. ☒ higher-level technology plan(s) for using the services requested in this application; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

**27. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☒ technology plan(s) has/have been approved; and/or
- b. ☐ technology plan(s) will be approved by a state or other authorized body; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

**28. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.**

**29. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.**

**30. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge**

that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33. I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

36. Printed name of authorized person

MS. ILEANA E. DURAN

37. Title or position of authorized person

PRINCIPAL

38a. Street Address, P.O. Box, or Route Number

5222 NW 1 ST

City, MIAMI

State, FL

Zip 33126 -

38b. Telephone number of authorized person

305 443 - 2529

38c. Fax number of authorized person

38d. E-mail address of authorized person

PRINCIPAL@FLAGLERELEMEN

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C.Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C.Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Block 5 Display

Reset Page

Print Preview

Paper Certification >>

Electronic Certification >>

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**MDCPS**

**Proposal from: Structured Cabling Solutions**

**Project Mgr:** Chris Sactleben  
**Contact:** Linda Cantin  
**Date:** 15-Dec-03  
**Change #:** Erate Spin#143024345, Contract #104-CC04  
**Location:** Flagler Elementary  
**Address:** 5222 NW 1st Street  
**Scope:** Installation of 58 data cables.  
**Created By:** Ray S. Young, RCDDE/OSP

ITM	Qty	DESCRIPTION	MATERIAL		LABOR		TOTAL	
4	150	3/4" GRS CONDUIT	\$	0.66	\$	99.00	\$	408.00
6	20	3/4" EMT CONDUIT	\$	0.31	\$	6.20	\$	38.80
47	2	CORE 8" BLOCK,PER IN DM	\$	-	\$	-	\$	40.80
49	2	FIRE STOP HOLE,PER IN D	\$	-	\$	-	\$	3.40
73	2	24 PORT,CAT5,PATCH PNL	\$	71.77	\$	143.54	\$	108.80
100	9000	4 PR,24,CAT5,PVC CABLE	\$	0.05	\$	450.00	\$	3,060.00
126	58	8 WIRE C5 STATION JACK	\$	2.78	\$	161.24	\$	131.08
127	23	1 TO 6 PORT FACEPLATE	\$	0.92	\$	21.16	\$	51.98
129	230	3/4" SURFACE RACEWAY	\$	0.68	\$	156.40	\$	262.20
132	23	SURFACE ONE GANG BOX	\$	3.52	\$	80.96	\$	104.42
152	58	5' CAT5 MOD PATCH CORD	\$	1.16	\$	67.28	\$	131.08
252	80	CEILING CABLE SUPPORTS	\$	1.47	\$	117.60	\$	180.80
			\$	-	\$	-	\$	\$0.00
			\$ 1,303.38		\$ 4,521.36		\$ 5,824.74	
			SUM		SUM		TOTAL SUM	



## Structured Cabling Solutions

471 Application # 388197  
Entity # (Applicant) 127722 (M-DCPS)  
Form Identifier 1281  
Attachment: Block 5 #21-001 / Pg 2 of 3

Date: December 15, 2003  
Client Name: Miami Dade County Public Schools  
Project Name: Flagler Elementary  
Address: 5222 NW 1<sup>st</sup> St.  
Change #: Erate Spin#143024345, Contract #104-CC04  
Project Mgr: Chris Sachtleben  
Contact: Linda Cantin  
Prepared By: Ray Young, RCDD/OSP & Felipe Sagastume, RCDD  
State of Florida License ES1200133 & ES-0000322  
State of Georgia License LT-305064

### Scope of Work

#### **Overview:**

Installation of 58 data cables.

#### **Pathways:**

Where required, Structured Cabling Solutions will install NEC compliant J-Hooks in order to route and bundle the cable.

Structured Cabling Solutions will install wiremold and to cover exposed cabling in classrooms. Structured Cabling Solutions will install wiremold boxes to mount faceplates.

Structured Cabling Solutions will install Conduit in the K-1 and K-2 building for a horizontal cabling pathway.

#### **Horizontal:**

Structured Cabling Solutions will install 16 Data cables to IDF #9-104.  
Structured Cabling Solutions will install 4 Data cables to IDF #8-006.  
Structured Cabling Solutions will install 16 Data cables to the MDF.  
Structured Cabling Solutions will install 22 Data cables to IDF #122.

All horizontal cables will be Category 5 PVC and will be terminated onto Category 5 jacks. The jacks will be mounted onto flush mount faceplates.

### **Telecom Rooms:**

In IDF #9-104 Structured Cabling Solutions will install a 24 port Patch Panel.  
In IDF #8-006 Structured Cabling Solutions will use the existing Patch Panel.  
In the MDF Structured Cabling Solutions will use the existing Patch Panel.  
In IDF #122 Structured Cabling Solutions will install a 24 port Patch Panel.

### **Special Considerations:**

This proposal includes patch panels in the MDF and IDF.

This proposal does not include patch cords at the workstations.

This proposal does not include a permit.

This proposal has been prepared assuming SCS will not be responsible for mounting, crossconnection or programming of customer provided equipment.

### **Total Investment:**

The total investment for your cabling system, as described in this Scope of Work and as delineated on the attached pricing schedule will be **\$5,824.74** and is inclusive of all labor and materials.

## Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity  
Please read instructions before completing.

Estimated Average Burden Hours: 1.5 hours  
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier 1 3 B - 0 0 9

(Create your own code to identify THIS Form 486.)

Form 486 Application 369193

(To be inserted by Fund Administrator)

(76800)

### Block 1: Billed Entity Information

#### 1. Name of Billed Entity

M I A M I - D A D E C O U N T Y P U B L I C S C H O O  
L S

#### 2. Billed Entity Number

1 2 7 7 2 2

#### 3. Funding Year

2 0 0 4

#### 4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

1 4 5 0 N E 2 N D A V E

City

M I A M I

State

Zip Code

F L 3 3 1 3 2 1 3 0 8

Telephone Number

Extension

Fax Number

3 0 5 9 9 5 3 4 3 3

3 0 5 9 9 5 3 7 7 3

Email Address



Entity Number 127722 Applicant's Form Identifier 13B-009  
Contact Person Dr. Anthony D. Machado Phone Number (305) 995-3433

**5. Contact Person Information**

Contact Person Name

D r . A n t h o n y D . M a c h a d o

Street Address, P.O. Box or Route Number

1 3 1 3 5 S . W . 2 6 t h S t r e e t

City

M I A M I

State Zip Code

F L 3 3 1 7 5 1 8 1 7

**Check the box next to the preferred mode of contact. (At least one box MUST be checked.)**

Telephone Number

Extension

Fax Number

3 0 5 9 9 5 3 4 3 3 3 0 5 9 9 5 3 7 7 3

☒ Email Address

t m a c h a d o @ d a d e s c h o o l s . n e t

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.**

**NOTICE:** The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of any applicable statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.



0 4 8 6 0 1 0 2 0 3

Entity Number	<u>127722</u>	Applicant's Form Identifier	<u>13B-009</u>
Contact Person	<u>Dr. Anthony D. Machado</u>	Phone Number	<u>(305) 995-3433</u>

## Block 2: Early Filing Information and CIPA Waiver Requests

### 6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING **ON OR BEFORE** JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

**Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.**

### 6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

### 6c. CIPA Waiver for Libraries for Funding Year 2004

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.

I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.





Entity Num. <u>127722</u> Contact Person <u>Dr. Anthony D. Machado</u>	Applicant's Form Identifier <u>13B-009</u> Phone Number <u>(305) 995-3433</u>
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### Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
- Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.
- If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 <sup>A</sup>

	(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Billing Account Number (if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	3 8 8 7 9 7	1 1 0 2 5 4 4		Structured Cabling :	1 4 3 0 2 4 3 4 5	0 7 0 1 2 0 0 4
2						
3						
4						
5						
6						
7						
8						

